INTRODUCTION

- Epidemiologic data on inflammatory back pain (IBP) prevalence within the UK is still lacking. Previous studies show delay in diagnosis and management of IBP for up to 8 years. This is partly due to lack of awareness among Public and Primary care practitioners. New criteria have been developed to identify conditions at an early stage with a view to reducing time to referral (Table 1).

- In a previous study, we identified patients corresponding to the ASAS or Calin criteria for IBP. In the current work, those participants who were positive for IBP in the original study were followed up over a twelve-month period to see how their back pain had changed, whether treatment was actually sought and what treatments were provided.

| Table 1. Calin and ASAS Criteria for Inflammatory Back Pain (IBP) |
|-----------------|------------------|-----------------|
| Calin Criteria for IBP | ASAS Criteria for IBP |
| Age at onset < 40 years | Age at onset < 40 years |
| Insidious onset | Insidious onset |
| Improvement with exercise | Improvement with exercise |
| Duration of back pain > 3 months | Duration of back pain > 3 months |
| Morning stiffness | No improvement with rest |

- ASAS = Assessment of spondyloarthropathy international society. Calin and ASAS diagnosis each require four of the five criteria to be present.

OBJECTIVES

- The aims of this study were to conduct a follow-up study over 12 months of patients who met the criteria for IBP: (1) to determine whether patients improved or deteriorated over the 12-month follow-up period; (2) to see whether providing relevant information on IBP to patients led to new diagnoses; (3) to identify the treatments provided and evaluate the effectiveness of the referral process.

METHODS

- A cross-sectional survey of adults (≥18 years) with chronic back pain (>3 months) was conducted to identify patients who had IBP. Recruitment was targeted to eligible UK patients using social media (Facebook) and national newspaper (Daily Mail) advertisements. Online questionnaire-based surveys supplemented by telephone response were completed. The primary outcome measure was the number of respondents who fulfilled the ASAS and Calin diagnostic criteria for IBP. Those participants who were positive at baseline for IBP (by either the ASAS or Calin criteria) were offered information leaflets and asked to complete follow-up questionnaires at 6 and 12 months.

RESULTS

- On average the condition of IBP positive patients changed little, with the trend being towards a slight decline over a 12-month period.

- Participants who completed the initial survey totaled 581 of these, 361 satisfied either the ASAS or Calin criteria for IBP. Many patients at both 6 and 12 months follow-up reported that their back pain was unchanged (Figure 3a), with more reporting a decline (31% of responses) than an improvement (33% of responses). Evaluation of changes in quality of life using mean EQ5D scores also suggested a small deterioration (Figure 3b).

- Only 1 patient (1.5%) at 12 month follow-up (compared to 6 months follow-up) had received biological treatment with anti-TNF.

CONCLUSIONS

- Patients who were IBP positive (ASAS or Calin) in an online survey, many recruited using social media, deteriorated slightly over a 12-month follow-up period.

- Providing these IBP positive participants with a link to an information leaflet did not result in any new IBP diagnoses.

- Although most patients had seen a GP, only 7% had seen a rheumatologist despite fulfilling the IBP criteria.

- Primary care education on IBP is key in the early diagnosis of spondyloarthropathy.

REFERENCE


ACKNOWLEDGEMENTS

- AbbVie Ltd (Giilford House, Vestal Business Park, Shedfield, Basingstoke, RG24 8JL) participated in the interpretation of data.

- This study was sponsored by AbbVie, a biopharmaceutical company

- AbbVie (UK) Ltd provided the personal and travel expenses for Patrice Osungo.

DISCLOSURES

All authors and ISCD (International Society of Clinical Densitometry) are involved in authors and ISCD (International Society of Clinical Densitometry) are involved in running or other financially related to the survey.

Presented at EULAR 2016, June 8-11, 2016, London, UK